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ABSTRACT

An assessment of the need for sex education for the mentally retarded in North Dakota is presented. A questionnaire was constructed and responses were received from 69 agencies having contact with the mentally retarded. The results of the questionnaire are provided in tabular form along with information on derived relationships to clarify the needs for sex education for this population. Among the findings are that there is a significant need to provide training for teachers and agency personnel in sex education for the mentally retarded, that the state plan must take into account this need, that the sexual needs of the mentally retarded are not understood by the general population, and that the education of the public to an acceptance of the sexuality of the retarded may be as critical as educating the mentally retarded. Seven recommendations are made including such suggestions as the development of a viable state plan which would coordinate agencies in the delivery of sex education services. Appended are the letter sent to the agencies, the questionnaire, a list of the committee members, and comments on specific needs (taken from the survey form). (Author/PHR)

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AN ASSESSMENT OF THE NEED FOR SEX EDUCATION FOR THE MENTALLY RETARDED IN NORTH DAKOTA

by

Beverly Brekke

Bureau of Educational Research and Services

University of North Dakota

Grand Forks, North Dakota

January, 1979

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F O R E W O R D

The Bureau of Educational Research and Services has, for the past three summers, provided funds to support faculty research related to educational issues in North Dakota. Dr. Beverly Brekke, Associate Professor of Special Education within the Center for Teaching and Learning, received assistance during the past summer to assess the "need for sex education for the mentally retarded in North Dakota." Sex education, especially in relation to the mentally handicapped, has been a long-time interest for Dr. Brekke. She has over the past five years developed a number of related courses and workshops at the University for teachers and has served as a major resource person for state and national organizations and institutions responsible for serving mentally handicapped individuals.

This monograph provides the data and narrative summary of the assessment made by Dr. Brekke. Among her findings are: there is a significant need to provide training for teachers and agency personnel in sex education for the mentally retarded; the State Plan must make provision for the sex education of the mentally retarded; the sexual needs of the mentally retarded are not understood by the general population; and the education of the public to an acceptance of the sexuality of the retarded may be as critical as educating the mentally retarded in a responsible manner.

We hope that readers will find this monograph useful. Suggestions for related studies will be welcomed by the Bureau of Educational Research and Services.

Larry L. Smiley, Director
Bureau of Educational Research and Services
University of North Dakota

January, 1979

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I. INTRODUCTION

The sexuality of mentally retarded individuals is an integral part of their total development and socialization; it is a central factor in their educational experiences and adjustment toward normalization. The effect of normalization upon the mentally retarded motivates many to want to experience a life style similar to nonhandicapped persons (Cleland, 1978; Wolfsenberger, 1972). Retarded people are no different from others in their sexual feelings, needs, and rights (Thurman, Bassin, and Ackerman, 1976). While the mentally retarded may be perceived as sexual beings, the right of retarded individuals to express sexual feelings continues to be a controversial issue (Gordon, 1971; Krischef, 1972). Normalization may become a reality when the community accepts the principle that retarded citizens have the same rights as normal citizens (Bass, 1972; Friedman, 1971; Zipperlen, 1975).

Together with normalization the movements of deinstitutionalization and mainstreaming have brought increasing numbers of mentally retarded individuals into community situations (Gearheart and Weishahn, 1976; President's Committee on Mental Retardation, 1975). Many of these handicapped persons have encountered problems related to sociosexual behavior (Wolfensberger, 1967). Consequently, some individuals have been excluded from educational facilities and community settings; others have been returned to institutions. The lack of appropriate sexual conduct of some retarded persons has

been attributed to insufficient preparation. Analyses of parental conservatism toward sex education have indicated the majority of parents felt their retarded children had no problems associated with sex even though very few children received sexuality instruction at home or at school (Dupras and Tremblay, 1976; Goodman, Budner, and Lesh, 1971; Turner, 1970). The attitudes of the attendants have been shown to regulate the sexual behavior of the institutionalized retarded (Deisher, 1973), and this behavior has been characterized as "puritanical" (Edgerton, 1973). Institutionalized retarded adolescents are considerably less knowledgeable about sex than non-institutionalized retarded adolescents (Hall and Morris, 1976). Similarly, the sex knowledge of moderately retarded males undergoing deinstitutional training was found to be confused by factual and conceptual errors (Edmonson and Wish, 1975). Hence, some of the adjustment difficulties that the retarded have in the community may be imputed to a lack of information. If normalized behavior includes an understanding of sexuality, then sex education must be available to the mentally retarded to provide correct information and clarify misconceptions.

Although sexuality is one of the most critical aspects of human development, sex can be an enigma often obscured by the negativity of the past (Johnson, 1969.) Whereas there is a professional concern for an effective program of positive guidance for the mentally retarded (Bass, Gordon, and Kempton, 1971; Kempton, 1975), many individuals not only are unsure about when, what, and how to teach, but also who is going to teach sex education. The responsi-

bility for who should teach sex education extends from the parents of retarded individuals living at home to agency personnel for retarded clients living in community and institutional settings. The adequacy of preparation of the mentally retarded for sociosexual functioning depends upon the availability of sex education and counseling. Both parents and agency personnel need to be involved in the process of sex education to assure positive guidance in human sexuality for the mentally retarded.

A survey was used in this study to assess the need for sex education for the mentally retarded in North Dakota; the questionnaire was concerned with the relationships among the personnel of agencies and the mentally retarded currently receiving sex education and counseling. The results will provide a basis for a state plan to coordinate sex education services for the mentally retarded by public and private agencies.

II. PROCEDURES

A questionnaire was constructed to assess the needs for sex education for the mentally retarded in North Dakota. Reproduction of the cover letter and questionnaire are contained in Appendices A and B. The questionnaire included six parts. The first part classified the types of agencies having contact with mentally retarded clients as follows: social service, public school special education, vocational rehabilitation, institution, family planning, mental health center, human service center, hostel, workshop training center, church, National Association for Retarded Citizens (NARC) parent group, private school, private facility, foster parents, employment bureau and "other." The second part surveyed the types of personnel within agencies as follows: social worker, special education teacher, teacher, counselor, health care worker, religious counselor, programmer, ward attendant, parents, foster parents, other nonprofessional, and other professional. Specific information from personnel in contact with the mentally retarded was elicited in relation to the number giving sex education to mentally retarded clients, the number received training in sex education, amount of training, and the number interested in training in sex education for the mentally retarded. The third part obtained demographic data about the mentally retarded clients, including the number by age groups, the number receiving sex education/counseling,

and the hours of sex education/counseling per client. The fourth and fifth parts asked for information about the types of sex education being provided and the topics included in sex education/counseling. The sixth part requested comments on specific needs.

The questionnaire was reviewed, modified, and approved by the Developmental Disabilities Task Committee on Human Sexuality for the Mentally Retarded before dispersion to agencies by the Committee. The Committee members are listed in Appendix C. The questionnaire was sent to North Dakota agencies. A total of 69 questionnaires was returned by agencies reporting information concerning 713 personnel and 1,741 mentally retarded clients. The responses of the questionnaire were tabulated and cross-tabulated to ascertain whether any relationships existed among the various agencies, personnel, mentally retarded clients, and sex education instruction. The findings of the analysis are reported in the succeeding section followed by the discussion and recommendations.

III. RESULTS

The results of the questionnaire are presented in tabular form together with derived relationships to clarify the needs of the mentally retarded for sex education. This section is comprised of six components, which parallel the six parts of the questionnaire concerned with agencies in contact with mentally retarded clients; personnel in contact with mentally retarded clients; mentally retarded clients currently receiving services; type of sex education instruction being provided, topics included in sex education/counseling; and comments on specific needs.

1. Agencies Having Contact with Mentally Retarded Clients

The data presented in Table 1 indicates the highest percentage of responses (36.2%) was derived from 25 agencies from area and county social service. Public school special education followed with 14 (20.3%) of the survey responses. The other agency categories represented 10.3% or less of the total number of responses. Table 1 is on the following page.

Table 1

FREQUENCY AND PERCENT OF RESPONSES OF AGENCIES
HAVING CONTACT WITH MENTALLY RETARDED CLIENTS

Agency	Number	Percent of Total Responses
Social Service (Area and County)	25	36.2
Public School Special Education	14	20.3
Vocational Rehabilitation	7	10.3
Institution	2	2.9
Family Planning	2	2.9
Mental Health Center	2	2.9
Human Service Center	4	5.8
Hostel	0	0
Workshop Training Center	2	2.9
Church	4	5.8
NARC Parent Group	2	2.9
Private School (Parochial)	0	0
Private Facility (Nonresidential)	0	0
Foster Parents	1	1.4
Employment Bureau	1	1.4
Others	3	4.3
TOTALS	69	100.0

2. Personnel in Contact with Mentally Retarded Clients

The cross-tabulation by agency in Table 2 shows 78 social workers for 35 (53%) of the responding agencies. Area and county social service contributed the highest number of 54 social workers as might be anticipated. Thirty-one agencies did not report any

TABLE 2

FREQUENCY AND PERCENT OF AGENCIES WITH VARIOUS NUMBERS OF SOCIAL WORKERS

Social Workers	Social Service	Public School Special Education	Vocational Rehabilitation	Institution	Family Planning	Mental Health Center	Human Service Center	Workshop Training Center	Church	NARC Parent Group	Foster Parents	Others	Agencies	Percent
0	1	10	7	1	2	0	2	0	4	2	1	1	31	47.0
1	9	2	0	1	0	1	1	2	0	0	0	0	16	24.2
2	7	1	0	0	0	0	1	0	0	0	0	0	9	13.6
3	4	0	0	0	0	1	0	0	0	0	0	0	5	7.6
4	3	1	0	0	0	0	0	0	0	0	0	0	4	6.1
7	1	0	0	0	0	0	0	0	0	0	0	0	1	1.5
TOTALS													66*	100.0

*Not all tables will show a total of 69 due to missing observations in some pieces of data.

social workers. All percentages included in the tables have been rounded to the nearest hundredth.

Eleven agencies accounted for 17 (22%) of the 78 social workers giving sex education to mentally retarded clients. Twelve (70%) of the 17 social workers giving sex education to mentally retarded clients have had training; 11 of these social workers are with area and county social service agencies. The average number of hours of training is given for personnel receiving training rather than for the total number of personnel. Each agency reported an average per person, and the average per agency was computed. Thus the average number of hours of training for social workers was 5.5 hours. Although 12 social workers have received training, an additional 41 social workers are interested in receiving training in sex education for the mentally retarded; 34 of these social workers are employed with area and county social service agencies.

The data in Table 3 displays a total of 84 special education teachers situated with public school special education agencies and workshop training centers. At this time 53 (80.3%) other agencies do not employ special education teachers. Although 10 agencies reported 28 (33%) of the 84 special education teachers giving sex education to mentally retarded clients, 56 (84.8%) of the agencies have no special education teachers giving sex education to mentally retarded clients. However, the finding that 39 (46%) of the special education teachers received training and only 28 gave sex instruction was unexpected. Information from the responding agencies disclosed an average of 8.15 hours of training in sex

TABLE 3

FREQUENCY AND PERCENT OF AGENCIES WITH VARIOUS NUMBERS OF SPECIAL EDUCATION TEACHERS

Special Education Teachers	Social Service	Public School Special Education	Vocational Rehabilitation	Institution	Family Planning	Mental Health Center	Human Service Center	Workshop Training Center	Church	MARC Parent Group	Foster Parents	Others	Agencies	Percent
0	25	2	7	2	2	2	4	1	4	2	1	1	53	80.3
1	0	1	0	0	0	0	0	1	0	0	0	0	2	3.0
3	0	1	0	0	0	0	0	0	0	0	0	0	1	1.5
4	0	2	0	0	0	0	0	0	0	0	0	0	2	3.0
5	0	1	0	0	0	0	0	0	0	0	0	0	1	1.5
6	0	2	0	0	0	0	0	0	0	0	0	0	2	3.0
8	0	2	0	0	0	0	0	0	0	0	0	0	2	3.0
11	0	1	0	0	0	0	0	0	0	0	0	0	1	1.5
13	0	1	0	0	0	0	0	0	0	0	0	0	1	1.5
14	0	1	0	0	0	0	0	0	0	0	0	0	1	1.5
TOTALS													66	100.0

TABLE 4

FREQUENCY AND PERCENT OF AGENCIES WITH VARIOUS NUMBERS OF REGULAR CLASSROOM TEACHERS
(NOT TRAINED IN SPECIAL EDUCATION)

Teachers	Social Service	Public School Special Education	Vocational Rehabilitation	Institution	Family Planning	Mental Health Center	Human Service Center	Workshop Training Center	Church	NARC Parent Group	Foster Parents	Others	Agencies	Percent
0	24	10	7	1	2	2	4	2	3	2	1	1	59	89.4
1	0	1	0	0	0	0	0	0	0	0	0	0	1	1.5
2	1	1	0	0	0	0	0	0	1	0	0	0	3	4.5
5	0	0	0	1	0	0	0	0	0	0	0	0	1	1.5
20	0	2	0	0	0	0	0	0	0	0	0	0	2	3.0
TOTALS													66	100.0

TABLE 5

FREQUENCY AND PERCENT OF AGENCIES WITH VARIOUS NUMBERS OF COUNSELORS

Counselors	Social Service	Public School Special Education	Vocational Rehabilitation	Institution	Family Planning	Mental Health Center	Human Service Center	Workshop Training Center	Church	NARC Parent Group	Foster Parents	Others	Agencies	Percent
0	24	14	1	1	2	0	4	0	4	2	1	0	53	80.3
1	0	0	0	0	0	0	0	1	0	0	0	1	2	3.0
2	1	0	1	0	0	0	0	0	0	0	0	0	2	3.0
3	0	0	2	0	0	0	0	1	0	0	0	0	3	4.5
4	0	0	1	0	0	0	0	0	0	0	0	0	1	1.5
6	0	0	0	0	0	1	0	0	0	0	0	0	1	1.5
7	0	0	1	0	0	0	0	0	0	0	0	0	1	1.5
8	0	0	1	0	0	0	0	0	0	0	0	0	1	1.5
10	0	0	0	1	0	1	0	0	0	0	0	0	2	3.0
TOTALS													66	100.0

education. Thirty-two additional special education teachers were identified as interested in training in sex education; all taught with public school special education agencies.

Table 4 data presents a cross-tabulation of agencies reporting 52 teachers as personnel. The majority of teachers (43) were situated with public school special education agencies. Institutions accounted for 5 teachers; both social service and churches indicated 2 teachers for each agency. Whereas instruction in sex education was given by 11 (21%) teachers from 2 agencies, 64 (97.0%) agencies have no teachers offering sex education to mentally retarded clients. One agency accounted for 20 teachers prepared in sex education with an average number of 30 hours of training per teacher. Another 20 teachers from one public school special education agency expressed interest in receiving training in sex education.

The data in Table 5 discloses 60 counselors for 13 (19%) of the 69 agencies surveyed. Vocational rehabilitation contributed 27 counselors, the highest number from any agency. Fifty-three agencies do not employ counselors. Twelve (20%) of the 60 counselors who gave sex education were from 6 agencies. Although 5 counselors have had training, just 2 counselors from vocational rehabilitation reported an average of 22 hours of sex education instruction. Nevertheless, 13 (22%) of the counselors are interested in receiving preparation for sex education for mentally retarded clients.

Table 6 data demonstrates 13 health care workers employed by 4 of the 66 responding agencies. Institutions accounted for 9 health care workers and social services for 4 health care workers.

TABLE 6

FREQUENCY AND PERCENT OF AGENCIES WITH VARIOUS NUMBERS OF HEALTH CARE WORKERS

Health Care Workers	Social Service	Public School Special Education	Vocational Rehabilitation	Institution	Family Planning	Mental Health Center	Human Service Center	Workshop Training Center	Church	HARC Parent Group	Foster Parents	Others	Agencies	Percent
0	22	14	7	1	3	2	4	2	4	2	1	1	62	93.9
1	2	0	0	0	0	0	0	0	0	0	0	0	2	3.0
2	1	0	0	0	0	0	0	0	0	0	0	0	1	1.5
9	0	0	0	1	0	0	0	0	0	0	0	0	1	1.5
TOTALS													66	100.0

TABLE 7

FREQUENCY AND PERCENT OF AGENCIES WITH VARIOUS NUMBERS OF RELIGIOUS COUNSELORS

Religious Counselors	Social Service	Public School Special Education	Vocational Rehabilitation	Institution	Family Planning	Mental Health Center	Human Service Center	Workshop Training Center	Church	HARC Parent Group	Foster Parents	Others	Agencies	Percent
0	25	14	7	1	2	2	3	3	2	2	1	1	62	93.9
2	0	0	0	1	0	0	0	0	2	0	0	0	3	4.5
11	0	0	0	0	0	0	1	0	0	0	0	0	1	1.5
TOTALS													66	100.0

Only 1 of the 13 health care workers instructed the mentally retarded in sex education despite 5 health care workers having received training. An average of one hour of training was recorded for the health care workers from social services. Two health care workers from social services are interested in receiving training in sex education.

Table 7 data presents 15 religious counselors situated as follows: 2 with institutions, 11 with human service centers, and 2 with churches. Although only 1 religious counselor was giving sex education, 3 hours of training were reported. Furthermore, 4 religious counselors are interested in receiving training in sex education for mentally retarded clients.

The data in Table 8 contains 1 programmer working with a human service center and 1 programmer with a workshop training center for 2 of the 66 responding agencies. The programmers have not given sex education, have not received training, and have not indicated interest in training in sex education for the mentally retarded.

Table 9 data reveals 18 ward attendants employed by social service agencies and 8 by institutions. The responses disclose that none of the ward attendants have given sex education, have received training in sex education, or have expressed interest in training in sex education for the mentally retarded. House parents and human service aides were included within this category.

The data in Table 10 shows 129 parents affiliated with the following agencies: 3 with social service, 122 with public school

TABLE 8

FREQUENCY AND PERCENT OF AGENCIES WITH VARIOUS NUMBERS OF PROGRAMMERS

Programmers	Social Service	Public School Special Education	Vocational Rehabilitation	Insti-tution	Family Planning	Mental Health Center	Human Service Center	Workshop Training Center	Church	NARC Parent Group	Foster Parents	Others	Agencies	Percent
0	25	14	7	2	2	2	3	1	4	2	1	1	64	97.0
1	0	0	0	0	0	0	1	1	0	0	0	0	2	3.0
TOTALS													66	100.0

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TABLE 9

FREQUENCY AND PERCENT OF AGENCIES WITH VARIOUS NUMBERS OF WARD ATTENDANTS

Ward Attendants	Social Service	Public School Special Education	Vocational Rehabilitation	Insti-tution	Family Planning	Mental Health Center	Human Service Center	Workshop Training Center	Church	NARC Parent Group	Foster Parents	Others	Agencies	Percent
0	24	14	7	1	2	2	4	2	4	2	1	1	64	97.0
8	0	0	0	1	0	0	0	0	0	0	0	0	1	1.5
18	1	0	0	0	0	0	0	0	0	0	0	0	1	1.5
TOTALS													66	100.0

TABLE 10

FREQUENCY AND PERCENT OF AGENCIES WITH VARIOUS NUMBERS OF PARENTS

Parents	Social Service	Public School Special Education	Vocational Rehabilitation	Institution	Family Planning	Mental Health Center	Human Service Center	Workshop Training Center	Church	NARC Parent Group	Foster Parents	Others	Agencies	Percent
0	24	12	7	2	2	2	4	1	4	0	1	1	60	90.9
1	0	0	0	0	0	0	0	1	0	1	0	0	2	3.0
2	0	0	0	0	0	0	0	0	0	1	0	0	1	1.5
3	1	0	0	0	0	0	0	0	0	0	0	0	1	1.5
23	0	1	0	0	0	0	0	0	0	0	0	0	1	1.5
99	0	1	0	0	0	0	0	0	0	0	0	0	1	1.5
TOTALS													66	100.0

TABLE 11

FREQUENCY AND PERCENT OF AGENCIES WITH VARIOUS NUMBERS OF FOSTER PARENTS

Foster Parents	Social Service	Public School Special Education	Vocational Rehabilitation	Institution	Family Planning	Mental Health Center	Human Service Center	Workshop Training Center	Church	NARC Parent Group	Foster Parents	Others	Agencies	Percent
0	30	12	7	2	1	2	3	1	4	2	0	1	55	83.3
1	0	0	0	0	0	0	0	1	0	0	0	0	1	1.5
2	0	0	0	0	0	0	1	0	0	0	1	0	2	3.0
3	2	0	0	0	0	0	0	0	0	0	0	0	2	3.0
4	1	1	0	0	0	0	0	0	0	0	0	0	2	3.0
6	1	0	0	0	0	0	0	0	0	0	0	0	1	1.5
12	0	0	0	0	1	0	0	0	0	0	0	0	1	1.5
20	0	1	0	0	0	0	0	0	0	0	0	0	1	1.5
60	1	0	0	0	0	0	0	0	0	0	0	0	1	1.5
TOTALS													66	100.0

special education, 1 with a workshop training center, and 3 with the NARC parent group. Additional responses indicate 3 parents have given sex education to their children. Only 1 parent from the NARC parent group received training, but the parent did not reveal the number of hours. However, 10 parents with public school special education and 3 parents from the NARC parent group are interested in receiving training in sex education for their mentally retarded children.

Table 11 data discloses 117 foster parents associated with agencies; social services contributed 76 (65%) of the foster parents involved with the mentally retarded. Even though 11 foster parents received training, only 8 were giving sex education. Yet 37 foster parents from social service, public school special education and family planning were interested in receiving training. The average amount of training in sex education was 6.3 hours for each foster parent.

Table 12 data reveals that 38 other nonprofessionals were connected with the responding agencies. Both social service and church agencies utilized 14 other nonprofessionals followed by 8 with public school special education and 2 with churches. Twelve (32%) of the other nonprofessionals were giving sex education, and 5 of these received training. Just 1 agency, public school special education, reported an average of 30 hours of training in sex education. A total of 12 other nonprofessionals, 7 from social services and 5 from public school special education, manifested interest in receiving training in sex education for the mentally retarded.

TABLE 12

FREQUENCY AND PERCENT OF AGENCIES WITH VARIOUS NUMBERS OF OTHER NONPROFESSIONALS

Other Non-Professionals	Social Service	Public School Special Education	Vocational Rehabilitation	Institution	Family Planning	Mental Health Center	Human Service Center	Workshop Training Center	Church	NARC Parent Group	Foster Parents	Others	Agencies	Percent
0	21	13	6	2	3	2	4	2	2	2	1	1	57	86.4
1	1	0	0	0	0	0	0	0	0	0	0	0	1	1.5
2	0	0	1	0	0	0	0	0	0	0	0	0	1	1.5
3	1	1	0	0	0	0	0	0	1	0	0	0	3	4.5
5	2	1	0	0	0	0	0	0	0	0	0	0	3	4.5
11	0	0	0	0	0	0	0	0	1	0	0	0	1	1.5
TOTALS													66	100.0

TABLE 13

FREQUENCY AND PERCENT OF AGENCIES WITH VARIOUS NUMBERS OF OTHER PROFESSIONALS

Other Professionals	Social Service	Public School Special Education	Vocational Rehabilitation	Institution	Family Planning	Mental Health Center	Human Service Center	Workshop Training Center	Church	NARC Parent Group	Foster Parents	Others	Agencies	Percent
0	23	13	7	2	2	1	1	1	4	2	1	0	57	86.4
1	0	0	0	0	0	0	0	0	0	0	0	1	1	1.5
2	0	0	0	0	0	1	0	0	0	0	0	0	1	1.5
3	1	1	0	0	0	0	1	1	0	0	0	0	4	6.1
4	0	0	0	0	0	0	1	0	0	0	0	0	1	1.5
8	0	0	0	0	0	0	1	0	0	0	0	0	1	1.5
20	0	0	0	0	0	0	1	0	0	0	0	0	1	1.5
TOTALS													66	100.0

The data presented in Table 13 indicates that 97 other professionals are affiliated with the responding agencies. Supplementary information showed 9 agencies were served by other professionals; 85 other professionals were allied with human service centers. Twelve other professionals administered sex education, but only 2 from human service centers were given an average of 4 hours of training. Moreover, an additional 17 other professionals are interested in receiving training in sex education for the mentally retarded.

The data in Table 14 provides a summary for comparing the various categories of personnel in relation to sex education instruction for the mentally retarded. The data shows 105 (15%) of the 713 personnel have given sex education to the mentally retarded; and 101 (96%) of the 105 personnel received an average of 12.2 hours of training. Furthermore, an additional 178 (25%) of the 713 personnel are interested in training in sex education for the mentally retarded.

3. Mentally Retarded Clients Currently Receiving Services

The data in Table 15 categorizes the mentally retarded clients receiving services by seven age groups and provides a summary for comparing the number receiving sex education with the average number of hours of instruction for each group. The data in Table 16 shows the number of clients receiving sex education by age groups for each agency. Further examination of the responses profiles the needs for sex education unique to each age group.

TABLE 14

SUMMARY OF FREQUENCIES OF PERSONNEL RELATED TO SEX EDUCATION WITH THE MENTALLY RETARDED

Personnel	Total Number	Number Giving Sex Ed to MR Clients	Number Received Training in Sex Ed for MR	Average Number of Hours of Training Per Person	Number Interested in Training in Sex Ed for MR Clients
Social Worker	78	17	12	5.5	41
Special Ed. Teacher	84	28	39	8.1	32
Teacher	52	11	20	30.0	20
Counselor	60	12	5	22.0	13
Health Care	13	1	5	1.0	2
Religious Counselor	17	1	1	3.0	4
Programmer	2	0	0	0.0	0
Ward Attendant	26	0	0	0.0	0
Parents	129	3	1	0.0	0
Foster Parents	117	8	11	6.3	37
Other Nonprofessional	38	12	5	30.0	12
Other Professional	97	12	2	4.0	17
TOTALS	713	105	101	Average 12.2	178

TABLE 15

SUMMARY OF MENTALLY RETARDED CLIENTS RECEIVING SERVICES BY AGE GROUPS

Years Old	Frequency by Age Groups	Frequency and Percent Receiving Sex Ed/Counseling	Average Hours of Sex Ed/ Counseling per Client
1 - 8	182	24 (13.2%)	2.5
9 - 14	278	84 (30.2%)	4.6
15 - 20	470	163 (34.7%)	4.9
21 - 30	360	114 (31.6%)	5.7
31 - 44	215	49 (22.7%)	3.3
45 - 64	164	13 (7.9%)	4.8
65 and over	72	0	0.0
TOTALS	1,741	447	Average 4.3

For the 1-8 year-old age group, 182 clients were served by agencies. Only 24 (13.2%) were shown to have received sex education instruction; 22 of these were in public school special education situations, and 2 were in an institution. An average of 2.5 hours of sex education or counseling per client was evidenced.

The 9-14 year-old age group included 278 clients of which 84 (30.2%) were given an average of 4.6 hours of sex education. Additional scrutiny reveals the number receiving sex education for each group of 9-14 year-old clients given by agencies as follows: 7 of 39 in social services, 65 of 102 for public school special education, 4 of 21 in institutions, 6 of 8 in mental health centers, 1 of 2 in human service centers, none of 6 in churches, and 1 of 1 with foster parents.

Although the 15-20 year-old age group contained 470 clients, the largest number for the seven groups, 163 (34.7%) received an average of 4.9 hours of sex education instruction per client. Even

though the majority of clients received sex education instruction from social service, public school special education, and vocational rehabilitation agencies as displayed in Table 16, a total of 307 clients in this age group did not receive information or counseling. Table 17 data presents the total number of clients reported by agencies with a comparison of clients either given or not given sex education instruction for the 15-20 year-old group.

TABLE 16

AGENCIES REPORTING FREQUENCY OF CLIENTS BY AGE GROUPS RECEIVING SEX EDUCATION

Agency	1-8 Years Old	9-14 Years Old	15-20 Years Old	21-30 Years Old	31-44 Years Old	45-64 Years Old	65 and Older
Social Service	0	7	34	41	32	7	0
Public School Special Education	22	65	96	0	0	0	0
Vocational Rehabilitation	0	0	12	31	6	4	0
Institution	2	4	7	0	0	0	0
Family Planning	0	0	1	0	0	0	0
Mental Health Center	0	6	8	17	2	0	0
Human Service Center	0	1	2	4	3	2	0
Workshop Training Center	0	0	3	20	6	0	0
Church	0	0	0	0	0	0	0
MARC Parent Group	0	0	0	1	0	0	0
Foster Parents	0	1	0	0	0	0	0
Other	0	0	0	0	0	0	0
TOTALS	24	84	163	114	49	13	0

The 21-30 year-old age group represented the second largest total with 360 clients; 114 (31.6%) of these clients received an average of 5.7 hours of sex education, which was the most instruction reported for any of the seven age groups. Whereas public

school special education was responsible for giving sex education to the most clients in the 15-20 year-old age group, no clients were listed with this agency in the 21-30 year-old group. The data in Table 18 shows social service, vocational rehabilitation, workshop training center, and mental health centers offering sex education instruction to all but 5 of the 114 clients. However, 246 clients in this age group did not receive sex education instruction as indicated for each agency in Table 18.

TABLE 17

COMPARISON OF 15-20 YEAR OLD CLIENTS FOR SEX EDUCATION BY AGENCIES

Agency	Total Number of Clients	Received Sex Ed	Did Not Receive Sex Ed
Social Service	63	34	29
Public School Special Education	202	96	106
Vocational Rehabilitation	125	12	113
Institutional	43	7	36
Family Planning	2	1	1
Mental Health Center	14	8	6
Human Service Center	3	2	1
Workshop Training Center	10	3	7
Church	3	0	3
Other	5	0	5
TOTALS	470	163	307

TABLE 18

COMPARISON OF 21-30 YEAR OLD CLIENTS FOR SEX EDUCATION BY AGENCIES

Agency	Total Number of Clients	Received Sex Ed	Did Not Receive Sex Ed
Social Service	81	41	40
Public School Special Education	0	0	0
Vocational Rehabilitation	114	31	83
Institutional	37	0	37
Family Planning	0	0	0
Mental Health Center	28	17	11
Human Service Center	5	4	1
Workshop Training Center	61	20	41
Church	13	0	13
NARC Parent Group	1	1	0
Foster Parents	0	0	0
Other	20	0	20
TOTALS	360	114	246

The 31-44 year-old age group was comprised of 215 clients, and 49 (22.7%) were given 3.3 hours of sex education or counseling from agencies as follows: 32 of 75 in social services, 6 of 52 in vocational rehabilitation, none of 44 in institutions, 2 of 6 in mental health centers, 3 of 3 in human service centers, 6 of 18 in workshop training centers, none of 2 in churches, and none of 15 for the "other" category of agencies.

In the 45-64 year-old age group, 13 (7.9%) of the 164 clients received 4.8 hours of sex education instruction as follows: 7 of

36 from social services, 4 of 25 from vocational rehabilitation, and 2 of 2 from human service centers. Institutions reported 91 clients and the "other" category had 10 clients for this age group, but none indicated to have received sex education.

The oldest age group, those 65 and over, consisted of 72 clients of which 19 were from social services, 49 from institutions, and 4 from mental health centers. The finding that no clients in this age group were receiving sex education was anticipated.

A comparison by age groups of the mentally retarded clients presented in Figure 1 indicates a priority for the 15-20 age group with 34.7% given sex education instruction closely followed by 31.6% of the 21-30 age group and 30.2% of the 9-14 age group.

FIGURE 1

PERCENT OF CLIENTS RECEIVING SEX EDUCATION BY AGE GROUPS

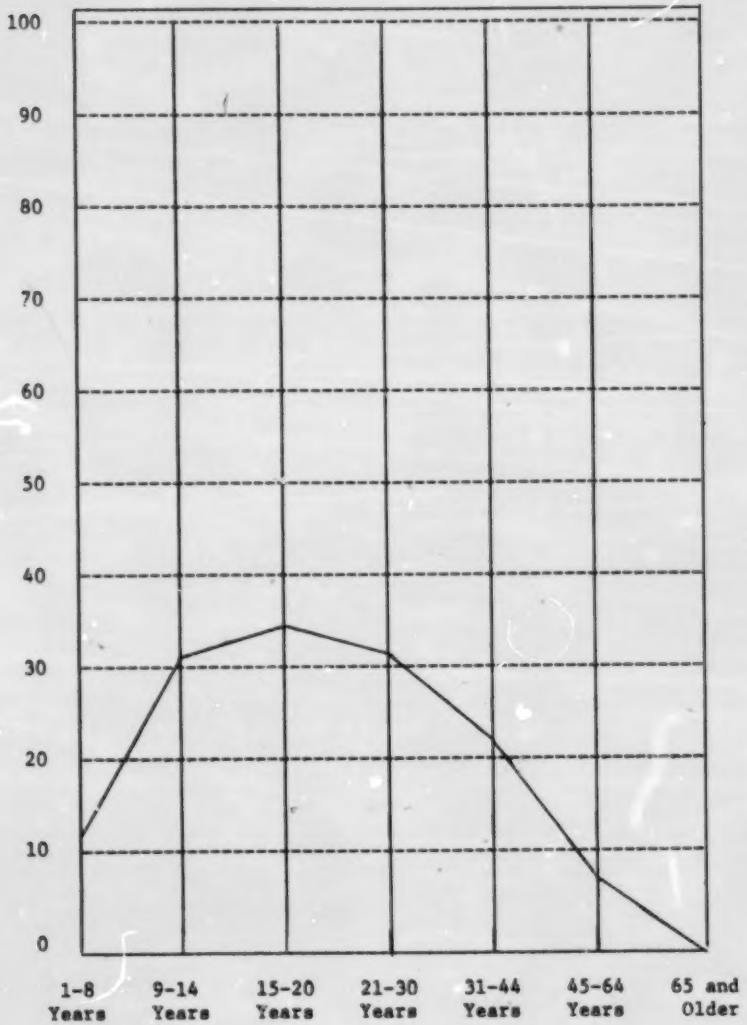

TABLE 19

FREQUENCY OF TYPE OF SEX EDUCATION INSTRUCTION USED BY AGENCIES

Agency	Films or Media	Counseling	Lecture	Books	Discussion	Other
Social Service	3	9	7	5	10	4
Public School Special Education	5	7	5	7	11	2
Vocational Rehabilitation	1	2	0	0	2	1
Institution	1	1	0	0	1	0
Family Planning	0	1	0	0	1	0
Mental Health Center	1	2	1	1	2	0
Human Service Center	1	2	1	1	1	0
Workshop Training Center	2	2	1	1	2	0
Church	1	0	1	0	1	1
NARC Parent Group	0	0	0	0	2	0
Foster Parents	0	1	0	0	1	0
Other	0	0	0	0	0	0
TOTALS	15	27	11	15	34	8

4. Type of Sex Education Instruction Being Provided

The data in Table 19 summarizes the usage of the various types of sex education instruction by the agencies surveyed. This data established discussion as the prevailing type of sex education among the agencies surveyed and counseling as the second most prevalent. Films or media together with books ranked third, and lecture was the fourth commonly used method. The "other" category of instruction included evaluation, referral to family planning or district health units, workshops, teachable moments, crisis intervention, visual aids, and teacher-made materials. Further scrutiny of the data reveals social service and public school special education agencies to have a higher incidence of use of the six types of sex education instruction than the other agencies.

5. Topics Included in Sex Education/Counseling

The data in Table 20 indicates social behavior as the topic most often occurring in sex education instruction/counseling. Personal hygiene was the next highest in frequency, and family planning was third in order of ranking by agencies. The "other" topic category consisted of dating, sexual awareness, self-esteem, physiological development, marriage, parenting, and child abuse through neglect. Further examination of Table 20 data discloses that the extent of use of the topics listed was predominantly by social service, public school special education, and vocational rehabilitation agencies.

TABLE 20

FREQUENCY OF TOPICS INCLUDED IN SEX EDUCATION/COUNSELING BY AGENCIES

Agency	Personal Hygiene	Special Behavior	Family Planning	Other Topic
Social Service	8	11	9	3
Public School Special Education	12	12	7	0
Vocational Rehabilitation	3	4	2	1
Institution	1	1	1	0
Family Planning	1	1	0	0
Mental Health Center	1	2	1	1
Human Service Center	1	2	1	1
Workshop Training Center	2	2	2	1
Church	1	2	0	1
MARC Parent Group	2	2	0	1
Foster Parents	1	1	0	1
Other	0	0	0	0
TOTALS	33	40	23	10

6. Comments on Specific Needs

The individual agency responses to Section 6 of the questionnaire were divided into four categories: needs, positive, neutral, and negative. Table 21 data shows the summary of the categorized responses in tabular form and demonstrates 55% more positive than negative comments. Although the explicit responses of the agencies are given in Appendix D, a listing of the needs derived from the 31 comments are as follows: training for teachers, administrators, social workers, parents, and foster parents; structured programs in schools and community; comprehensive curriculum; resource materials; information on dealing with homosexuality, sex

roles, masturbation, etc.; coordination of various agencies in delivery of sex education services; support legislation for family planning services for the mentally retarded; and educate the general population to understand the sexual needs of the mentally retarded. Social service and public school special education contributed the highest number of responses for the agencies surveyed.

TABLE 21

FREQUENCY OF AGENCIES EXPRESSING SPECIFIC NEEDS AND COMMENTS

Agency	Needs	Positive	Neutral	Negative
Social Service	13	4	2	1
Public School Special Education	8	3	0	0
Vocational Rehabilitation	3	2	0	0
Institution	0	0	0	0
Family Planning	0	1	0	0
Mental Health Center	1	0	0	0
Human Service Center	2	0	0	1
Workshop Training Center	2	0	0	0
Church	0	0	0	2
NARC Parent Group	0	0	0	0
Foster Parents	1	1	0	0
Other	1	0	0	1
TOTALS	31	11	2	5

IV. DISCUSSION

Some limitations of the survey results must be considered. This needs assessment for sex education for the mentally retarded was confined to agencies having contact with the mentally retarded in North Dakota. Although the results reveal adequate response, the agencies who are giving some type of sex education are more likely to reply to a survey than agencies who are not providing instruction or counseling. Therefore, it is possible that the percentage pertaining to sex education instruction may be inflated in relation to the number of mentally retarded clients receiving services from the agencies; the degree of error (if one exists) is difficult to estimate. An examination of the data revealed 69 responding agencies having contact with mentally retarded clients; area and county social service agencies accounted for 36.2% of the responses, and public school education followed with 20.3%. Both of these agency categories contributed the highest number of personnel giving sex education to mentally retarded clients.

Also, the meaning of the terms specified in the questionnaire not only may vary among individuals but also from agency to agency. Even though the description of the items within each category was stated in a concise survey format, it is possible that the interpretation may have differed. While there was no evidence to

suggest this was a problem it is difficult to assure that all figures reported were comparable. For example, the average hours of training per person for other nonprofessionals was shown to be 30 hours, which was the same amount of training for teachers. This would indicate that the level of training for other nonprofessionals is higher than might be anticipated and comparable to teachers' training. Despite the preceding limitations, the data provided by the needs assessment survey clearly show a deficiency in sex education for the mentally retarded.

The relationship between personnel in contact with the mentally retarded and those giving sex education demonstrates the lack of instruction or counseling presently available. For instance, the largest personnel category, 129 parents, evidenced 3 giving sex education, 1 receiving an unspecified amount of training, and none interested in training. The overall situation was somewhat improved with 105 (15%) persons giving sex education out of 713 personnel in contact with mentally retarded clients. It is not surprising that special education teachers constitute the largest personnel group involved in sex education, and social workers make up the second largest group. It is possible to conjecture that this may be attributed to professional preparation through preservice or inservice training or possibly to within agency support. Perhaps the converse of this may be ascribed to the finding of no programmers or ward attendants giving sex education, receiving training, or interested in training in sex education for mentally retarded clients. Not only is an agency policy statement

needed to define the responsibility for sex education for personnel in contact with mentally retarded clients, but also the legal implications for the agency, personnel, and the mentally retarded clients must be clarified from the current abstruse status.

The close correspondence between the number of personnel who received training in sex education and those who gave sex education instruction to the mentally retarded demonstrates a strong relationship, from which may be inferred the importance of training. Interestingly, more special education teachers received training in sex education for the mentally retarded than other categories of personnel; likewise, more special education teachers gave sex education instruction than other personnel. The availability of a course in sex education for the mentally retarded at the University of North Dakota for four years enrolling approximately 200 students may have contributed to this finding. Although the average amount of training consisted of 12.2 hours, the extent of training for personnel ranged from 1 to 30 hours. This difference suggests a diversity of preparation for personnel, and such training may be related to accessibility as well as agency priority. Certification requirements for training in sex education for the mentally retarded for certain personnel might increase the current 14% level of personnel who have received training. However, a more likely alternative is reflected in the 25% response of personnel interested in training in sex education for mentally retarded clients. This interest points to the need to provide training for different agency personnel; social workers, foster parents, and special education teachers represent the three largest groups interested in

training. Whereas the need for t.aining has been demonstrated, the question remains of how the training will be implemented for the 25% interested personnel.

The results of the survey showed 447 (21%) of the 1,741 mentally retarded clients have rec ved sex education instruction or counseling. Conversely 79% of the clients were devoid of such instruction. Further examination of the responses profiles the needs for sex education unique to each age group. The 1-8 year-old age group had 24 (13.2%) of the clients receiving sex education; the majority of these were in public school special education classes. Similarly, this was manifested for 84 (30.2%) of the 9-14 year-olds and for 63 (34.7%) of the 15-20 year-olds who received sex education. Nevertheless, the omission of sex education for 307 (65.3%) of the 470 clients in the 15-20 year-old group imposes concerns for this potentially sexually active and largest of the seven age groups. Also, a noticeable increase in the number of clients receiving sex education from social services is observed in this age group. A shift occurs in the 21-30 year-old group where the majority of the 114 (31.6%) of the clients received sex education from social services followed by vocational rehabilitation, workshop training centers, mental health centers and other agencies to a lesser extent. None were reported to be with public school special education classes due to legal age limitations. Most of the 246 clients who did not receive sex education reside in community settings and may possibly require additional social and

medical services if instruction or counseling is neglected by agencies. For this age group and the successively older groups included in the survey, a reciprocal relationship between age and sex education emerges. For 21 years and older, the percentage of mentally retarded clients given sex education decreases as the age of the clients increases. For example, 49 (22.7%) of the 31-44 year-old group and 13 (7.9%) of the 45-64 year-old group received sex education from social service and other agencies; no clients in the 65 and older age group received sex education. The amount of instruction per client ranged from 2.5 hours to a maximum of 5.7 hours for the 21-30 age group with an average of 4.3 hours per client. Clearly, there is a demonstrated need for sex education for many of the 1,294 clients not receiving instruction. Particular attention should be given to the concerns of the clients from 14-50 years old who may be more likely to be involved in sexual activity during the childbearing age range.

Apparently sex education is provided in a variety of ways by the different agencies A ranking of the most frequent types of instruction indicates discussion prevailing over counseling, films or media tieing with books, and lecture placing fourth in usage. "Other" types of instruction suggested by agencies included evaluation, referral, crisis intervention, visual aids, and teacher-made materials, Both social service and public school special education agencies reported a higher incidence of use of the six types of instruction than other agencies. The employment of films, media, and books may be related to agency knowledge of accessible resources; for example, the North Dakota State Department of Health

has an extensive film library. Agency and community assets may need to be reviewed and developed for appropriate instructional materials for sex education. It may be deduced that the more resources available, the more readily sex education may be implemented with the mentally retarded.

It is evident that a diversity of topics is included in sex education and counseling by agencies. Social behavior occurs most prevalently, personal hygiene is next in priority, and family planning ranks third. The "other" topic elicited from agencies consisted of dating, sexual awareness, self-esteem, physiological development, marriage, parenting, and child abuse through neglect. Conceivably, these topics could be the basis for developing a guide for sex education by a state agency such as the Division of Community Mental Retardation Programs. Another possibility would be to make a curriculum available within the North Dakota State Department of Special Education. A comprehensive approach for both educable and trainable levels is needed for sex education for the mentally retarded. Since the majority of clients under 20 years of age receive sex education instruction in public school special education classes, many teachers have indicated a need for a curriculum guide. The survey response of one special education teacher expressed this succinctly, "HELP!"

V. RECOMMENDATIONS

The recommendations that follow are based upon the interpretation of the data and incorporate suggestions for the Developmental Disabilities Task Committee on Human Sexuality for the Mentally Retarded.

1. There is a need to provide training for agency personnel in sex education for the mentally retarded. Fourteen percent of the personnel giving sex education instruction have received training; an additional 25% of the personnel have indicated interest in training. Preservice and inservice classes, interdisciplinary workshops coordinated by agencies, and correspondence courses may be alternatives for the various levels of training for different personnel. It may be possible to fund an inservice training package through the Developmental Disabilities Council or other agency funding sources.

2. Opportunities for sex education should be afforded to the 79% of the mentally retarded clients presently devoid on instruction. Whether or not a client receives sex education may be a matter of chance rather than choice within some agency situations. It would seem appropriate to offer a responsible approach to human sexuality rather than wait for a crisis intervention situation.

3. There is a positive correlation between frequency of sex

education instruction and use of resources. Both the amount of sex education and the quality of instruction could be enhanced by making appropriate sex education guides, programs, and materials available to agency personnel. A listing of current sex education materials available from various agencies should be compiled and distributed to assure more equitable access to present resources for personnel in the different geographic locales.

4. A policy statement is needed to define the responsibility for sex education for personnel and agencies in contact with the mentally retarded; the legal implications must be clarified from the current obscure status. Furthermore, the sexual rights and responsibilities of the mentally retarded should be made comprehensible to both agency personnel and mentally retarded clients.

5. The development of a viable state plan for coordinating the various agencies in the delivery of sex education services is a priority. The Developmental Disabilities Council has identified sex education as a program area need for the developmentally disabled and has designated the Developmental Disabilities Task Committee on Human Sexuality for the Mentally Retarded as an official committee. Funds must be made available to support a coordinator of planning to develop and implement a state plan for sex education for the mentally retarded in conjunction with the Committee and Council.

6. The advocacy of legislation to uphold the sexual rights of the mentally retarded and to sustain related services must be an integral component of the state plan.

7. The issue of the sexual needs of the mentally retarded has not been understood by the general population. Educating the public to an acceptance of the sexuality of the retarded may be as critical as educating the mentally retarded to a responsible approach to human sexuality and appropriate social behavior.

APPENDIX A
LETTER TO AGENCIES HAVING CONTACT
WITH MENTALLY RETARDED CLIENTS

The University of North Dakota
GRAND FORKS 58202

The Center for Teaching and Learning

Dear Survey Participant:

A survey form on "Needs Assessment for Sex Education for the Mentally Retarded in North Dakota" is enclosed with this letter. The purpose of the survey is to provide a basis for planning by public and private agencies. The information will demonstrate the extent of the need for programming in the area of sex education/counseling for the mentally retarded in North Dakota.

The ultimate goal is to educate personnel to give appropriate sex education/counseling instruction to the mentally retarded. We would appreciate your cooperation by completing and returning the survey form by March 25.

Sincerely,

Developmental Disabilities Task Committee
on Human Sexuality for the Mentally Retarded

Doug Seiler, Chairman
Vi Haug
Carl Rodlund
Rev. Victor Tegtmeier
Dr. Beverly Brekke

Enclosure

— An Equal Opportunity Institution —

APPENDIX B

QUESTIONNAIRE

Needs Assessment for Sex Education for the Mentally Retarded in North Dakota

1. Agency having contact with mentally retarded clients

_____Social Service (area and county)
_____Public School Special Education
_____Vocational Rehabilitation
_____Employment Bureau
_____Institution
_____Family Planning
_____Mental Health Center
_____Human Service Center
_____Hostel
_____Workshop Training Center
_____Church
_____NARC Parent Group
_____Private School (parochial)
_____Private Facility (nonresidential)
_____Foster Parents
_____

2. Personnel in contact with mentally retarded clients

Type	Total Number	Number Giving Sex Ed to MR Clients	Number Received Training in Sex Ed for MR	Number of Hours of Training	Number Interested in Training in Sex Ed for MR Clients
Social Worker	_____	_____	_____	_____	_____
Special Ed Teacher	_____	_____	_____	_____	_____
Teacher	_____	_____	_____	_____	_____
Counselor	_____	_____	_____	_____	_____
Health Care	_____	_____	_____	_____	_____
Religious Counselor	_____	_____	_____	_____	_____
Programmer	_____	_____	_____	_____	_____
Ward Attendant	_____	_____	_____	_____	_____
Parents	_____	_____	_____	_____	_____
Foster Parents	_____	_____	_____	_____	_____
Other Nonprofessional	_____	_____	_____	_____	_____
Other Professional	_____	_____	_____	_____	_____

3. Mentally retarded clients currently receiving services

Years Old	Number by Age Groups	Number Receiving Sex Ed/Counseling	Hours of Sex Ed/Counseling Per Client
1 - 8	_____	_____	_____
9 - 14	_____	_____	_____
15 - 20	_____	_____	_____
21 - 30	_____	_____	_____
31 - 44	_____	_____	_____
45 - 64	_____	_____	_____
65 and over	_____	_____	_____

4. Type of sex education instruction being provided

_____Films or media
_____Books
_____Counseling
_____Discussion
_____Lecture
_____Other-specify

5. Topics included in sex ed/counseling

_____Personal hygiene
_____Family planning
_____Social behavior
_____Other

6. Comments on specific needs

APPENDIX C

COMMITTEE MEMBERS

MEMBERS OF DEVELOPMENTAL DISABILITIES TASK COMMITTEE
ON HUMAN SEXUALITY FOR THE MENTALLY RETARDED

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APPENDIX D

COMMENTS ON SPECIFIC NEEDS

DIRECT COMMENTS OF SPECIFIC NEEDS FROM SURVEY FORMS

Needs

We do not have an indepth organized sex education program. Each teacher currently teaches health, hygiene, and sex education on their own. Teachers need more training and an awareness of materials available.

Definite need for Sex Education and Vocational Training sex role.

Structured program within Special Education programs in school and a community-based structured program for those above school age.

The need for sex education/counseling is great but the time is too limited; therefore, I think we need more individuals trained to provide sex education/counseling to the mentally retarded.

There is a need for training in this specific area of instruction for the mentally handicapped.

The major need appears to be some type of training and a continuity of delivery of sex education between the various agencies working with the handicapped.

This is definitely a priority area to be developed--should not be "underplayed or overplayed" within a comprehensive curriculum for mentally retarded individuals.

The staff needs to be able to deal with sexual adjustment of mentally retarded clients. The clients need to be able to deal realistically with needs, desires, abilities and potential. Also alternatives in meeting needs.

We need to do more.

Some information needed on how to deal with homosexual tendencies.

There is a need for more awareness on the part of the community regarding sex education.

Information is needed to promote awareness of the nature and scope of the problem.

Foster parents would benefit from an inservice (with films, materials) regarding how to deal with situations that arise in their homes. We do not have material such as masturbation, etc. as it pertains to just the handicapped. We talk about the normal feelings, etc. that our "special" children have but sometimes outside information (films, etc.) would promote better understanding.

There is a need for clear explanations of homosexual relationships.

North Dakota Foster Parents Association will hold its annual meeting and workshop next September in Grand Forks in conjunction with the NDCSW. Do you have an appropriate workshop presentation that would lend itself for a foster parent workshop?

Support legislation for family planning services for minors and in particular for mentally retarded people.

Inservice training for methodology of sex education for mentally retarded clients.

More needs to be done in the area of sex education of mentally retarded clients. Areas which agencies should receive training--how to present material to client in simple language so they can understand; pamphlets and other literature printed for the mentally retarded.

HELP!

This is a much needed service. It could best be done in groups. Needs to be more acceptable to parents of the retarded. Parents tend to not want to discuss it or have it discussed.

A well-planned program from the time they enter school to the time they graduate. Our program is more incidental or occasionally as needed rather than a long-range, well-planned sex education program.

Inservice to school administration and parents indicating need, reasons and benefits.

Staff training on method of presentation, material, etc.

Training material is needed. Anything would be helpful, especially if held in conjunction with nursing services and vocational rehabilitation.

Would be interested in a workshop or seminar on how to teach sex eudcation.

Need more training and information.

Learning materials.

Staff, i.e., social counselor.

Inservice or other training sessions for involved staff.

We are especially concerned about the adolescent and retarded child who has had no education; parents of retarded children sometimes need special help to provide appropriate sex education in earlier years.

There is little formal training for most social workers in working with the retarded in areas of sex education. It would seem ideal to have some training, initial and ongoing, so that workers who are faced with working with the retarded in need of sex education would have some knowledge, and perhaps resource material, from which to draw. It is important to meet this need in an immediate and ongoing manner so that the matter of sex education does not have to be referred to delayed.

I would state from my own experience and contact with mentally retarded clientele that there certainly exists the need for more sex education/counseling and family planning services to the mentally retarded population. I also feel that the general population must also be educated first to the needs of the mentally retarded population to understand that MR's drives and needs in most cases are no different than any other living being.

Our agency has not been actively involved in this area of services. However, it is felt that the special education classes and NARC group could and would have any services in this area if the staff were well trained and informed in it.

Group work. Community centers.

Positive

The Workshop has no formal sex education. Counseling is given on an "as needed" basis or crisis basis by way of counseling and discussion.

We provide no sex education other than individual counseling for inappropriate behavior.

Family planning is discussed with clients receiving AFDC. Workers have talked with families of MR's re: sex education, family planning, and various contraceptive methods. We do not have nor do we plan to have a formal sex education program through our agency.

If a mentally retarded person goes to a family planning clinic, then he or she will receive services.

This is often given to our MR clients through the workshops.

The Lake Region Special Education Program incorporates sex education materials into all levels of VR curriculum.

Some of the above receive their sex education/counseling through the Karios program which is a program that is a joint effort between our agency and the mental health center.

We feel that sex education for foster children who are mentally retarded is probably adequate at present.

Sex education/counseling should receive a high priority in working with these clients.

Our program has "sex education" incorporated into the curriculum particularly from intermediate through high school.

Our EMR students are "mainstreamed" for our family life. TMH students at this time have none beyond personal hygiene. Our population is young and there is no need now but will be in the future.

Neutral

We are a small county, and presently we are not staffed with the appropriate personnel in this agency to provide this type of counseling. Usually the teachers or the outreach worker from our area office would be the individual involved in this.

The service being provided to one EMR client is foster care. The other EMR child is living in a free foster home and receiving only I & R services.

Negative

We don't teach "sex" (as such) in Special Education here.

This has not been a real obvious need with us in church, but members have counseled more.

This is something we are not often called on to provide.

We are not providing social services to any mentally retarded clients at the present time.

None given by this agency.

SELECTED REFERENCES

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Bass, M. S. (Ed.) Sexual rights and responsibilities of the mentally retarded. Proceedings of the Conference of the American Association on Mental Deficiency, Region IX, Newark, Delaware, 1972.

Bass, M. S., Gordon S., and Kempton, W. Love, sex, and birth control for the mentally retarded: a guide for parents. Philadelphia: Planned Parenthood Association of Southeastern Pennsylvania, 1971.

Cleland, C. Mental retardation: a developmental approach. Englewood Cliffs, New Jersey: Prentice-Hall, 1978.

Deisher, R. W. Sexual behavior of retarded in institutions. In F.F. de la Cruz and G. D. La Veck (Eds.). Human sexuality and the mentally retarded. New York: Brunner/Mazel, 1973.

Dupras, A., and Tremblay, R. Path analysis of parents' conservatism toward sex education of their mentally retarded children. American Journal of Mental Deficiency, 1976, 81 (2), 162-166.

Edgerton, R. B. Sexual behavior and the mentally retarded: some socio-cultural research considerations. In F.F. de la Cruz and G. D. La Veck (Eds.), Human sexuality and the mentally retarded. New York: Brunner/Mazel, 1973.

Edmonson, B., and Wish, J. Sex knowledge and attitudes of moderately retarded males. American Journal of Mental Deficiency, 1975, 80 (2), 172-179.

Friedman, E. Missing in the life of the retarded individual--sex: reflections on Sol Gordon's paper. Journal of Special Education, 1971, 5 (4), 365-368.

Gearheart, B. R., and Weishahn, M. W. The handicapped child in the regular classroom. St. Louis: C. V. Mosby, 1976.

Goodman, L., Budner, S., and Lesh, B. The parent's role in sex education for the retarded. Mental Retardation, 1971, 9 (1), 43-46.

Gordon, S. Okay, let's tell it like it is (instead of just making it look good). Journal of Special Education, 1971, 5 (4), 379-381.

Hall, J. E., and Morris, H. L. Sexual knowledge and attitudes of institutionalized and non-institutionalized retarded adolescents, American Journal of Mental Deficiency, 1976, 80 (4), 482-487.

Johnson, W. R. Sex education and the mentally retarded. Journal of Sex Research, 1969, 5, 179-186.

Kempton, W. Sex education for persons with disabilities that hinder learning: a teacher's guide. North Situate, Massachusetts: Duxbury Press, 1975.

Krischef, C. H. State laws on marriage and sterilization. Mental Retardation, 1972, 10 (3), 36-38.

President's Committee on Mental Retardation. Mental retardation . . . the known and unknown. (DHEW Publication No. PHD 76-21008). Washington, 1975.

Thurman, R. L., Bassin, J., and Ackerman, T. Sexuality, sex education and the mentally retarded: one educational approach. Mental Retardation, 1976, 14 (1), 1976.

Turner, E. T. Attitudes of parents of deficient children toward their child's sexual behavior. Journal of School Health, 1970, 40 (10), 548-549.

Wolfsenberger, W. Vocational preparation and occupation. In A.A. Baumesiter (Ed.), Mental Retardation. Chicago: Aldine, 1967.

Wolfsenberger, W. Normalization. Toronto: National Institute on Mental Retardation, 1972.

Zipperlen, H. Normalization. In J. Wortis (Ed.), Mental retardation and developmental disabilities, Vol. VII. New York: Brunner/Mazel, 1975.

Other reports available from the Bureau of Educational Research and Services:

No. 1, June, 1976, "Expectations for the Role of Superintendent of Schools," by Mark S. Sanford and Donald L. Piper, $1.50

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